

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC - 5

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Leaders for a Better California AREA CODE/PHONE NUMBER (530) 934-5823 STREET ADDRESS CITY _____ STATE _____ ZIP CODE _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; vertical-align: top;"> Date of This Filing 05/27/2008 Report No. 20080527-6 <input type="checkbox"/> Amendment to Report No. 20080527-6 <small>(explain below)</small> No. of Pages 1 </td> <td style="width:65%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 27 2008 DEBRA BOWEN Secretary of State </td> <td style="width:50%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> CALIFORNIA FORM 496 </td> <td style="width:50%; text-align: center;"> For Official Use Only </td> </tr> </table> </td> </tr> </table> </td> </tr> </table>		Date of This Filing 05/27/2008 Report No. 20080527-6 <input type="checkbox"/> Amendment to Report No. 20080527-6 <small>(explain below)</small> No. of Pages 1	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 27 2008 DEBRA BOWEN Secretary of State </td> <td style="width:50%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> CALIFORNIA FORM 496 </td> <td style="width:50%; text-align: center;"> For Official Use Only </td> </tr> </table> </td> </tr> </table>	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 27 2008 DEBRA BOWEN Secretary of State	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> CALIFORNIA FORM 496 </td> <td style="width:50%; text-align: center;"> For Official Use Only </td> </tr> </table>	CALIFORNIA FORM 496	For Official Use Only
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CALIFORNIA FORM 496	For Official Use Only								

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

Curt Hagman

OFFICE SOUGHT OR HELD/DISTRICT NO.

Sought: State Assembly Person

60 Assembly District

SUPPORT

X

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/23/2008 	Newspaper Advertisements	800.00
05/27/2008 	Television Advertising	1200.00
05/27/2008 	Airtime for Advertisement	100.00

Reason for Amendment: _____

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

05/27/2008 TUE 13:59 FAX 5309345776 The KAL Group

MAY 27 2008 13:59

0001/001

MISC

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496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER
Santa Clara Police Assoc. P.A.C.

AREA CODE/PHONE NUMBER
(408) 640-8324

I.D. NUMBER (if applicable)
1266738

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

Date of This Filing **May 27 2008**

Report No. **1**

☐ Amendment to Report No. _____
(explain below)

No. of Pages _____

RECEIVED AND FILED
In the Office of the Secretary of State
of the State of California

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM **496**

For Official Use Only

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED
DONALD CASERTA

OFFICE SOUGHT OR HELD
STATE ASSEMBLY

DISTRICT NO
22

SUPPORT ☒ OPPOSE ☐

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

BALLOT NO / LETTER _____ JURISDICTION _____

SUPPORT ☐ OPPOSE ☐

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
5/27/08	MAILED BY COMPAC	\$1500

Reason for Amendment: _____

MISC

- 5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER William B Simon, Jr.		Date of This Filing 05/27/2008	RECEIVED AND FILED in the office of the Secretary of State of California MAY 27 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 500.4276	ID NUMBER (if applicable) 1238909	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/27/2008	Aghazarian for Senate (#1297115)	Greg Aghazarian State Senator Senate District : 26	1,500.00	
05/27/2008	Friends of Michelle Steel 2010 (#1294305)	Michelle Steel Board of Education Board of Equalization District : 3	1,500.00	

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
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MISC

1/2

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MD

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER
Todd Schneider

AREA CODE/PHONE NUMBER
415 421 7100

STREET ADDRESS

CITY

STATE

ZIP CODE

ID NUMBER (if applicable)
1307369

Date of This Filing

Report No. 1

☐ Amendment to Report No. (explain below)

No. of Pages 1

Date Stamp
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MAY 27 2008
DEBRA BOWEN
Secretary of State

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/27/2008	Tom Ammiano For Assembly	AD13	1000	6/3/2008
5/27/2008	Marty block For State Assembly	AD78	2500	6/3/2008
5/27/2008	Joan Buchanan for Assembly 2008	AD15	1000	6/3/2008
5/27/2008	Desaulnier for Senate	SD7	1000	6/3/2008

Reason for Amendment.

Late Contribution Report

Type or print in ink.
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NAME OF FILER

Todd Schneider

AREA CODE/PHONE NUMBER

415 421 7100

I.D. NUMBER (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

Report No. 2

☐ Amendment
to Report No. _____
(explain below)

No. of Pages 1

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MAY 27 2008

DEBRA BOWEN
Secretary of State

LATE CONTRIBUTION REPORT

CALIFORNIA
FORM

497

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Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/27/2008	Hancock for Senate 2008	SD9	1000	
5/27/2008	Skinner for Assembly	AD14	2500	6/3/2008

Reason for Amendment: _____

FPPC Form 497 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

05/27/2008 14:29 4154403640

SCHNEIDER WALLACE May 27 2008 15:26

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497 Contribution Report

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NAME OF FILER JERRY NASTARI FOR SUPERIOR COURT JUDGE		Date of This Filing 05/27/2008	RECEIVED AND FILED Date Stamp in the office of the Secretary of State of the State of California MAY 27 2008 DEBRA BOWEN Secretary of State <i>R</i>	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER 1415) 732-7700	ID. NUMBER (if applicable) 1303229	Report No. P08-FPN-03			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY	STATE	ZIP CODE			
1. Contribution(s) Received					

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/26/2008	CARCIONE, CATTERMOLE, DOLINSKI, OKIMOTO, STUCKY, URSHINI, MARKOWITZ AND CARCIONE LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
	SOS Political Reform Division FAX (916) 653-5045 S.F. Department of Elections FAX (415) 674-1394 L.A. County Registrar/Recorder FAX (818) 527-2548 San Mateo County Clerk FAX (650) 312-5348	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER John Deeter		Date of This Filing 05/27/2008	RECEIVED AND FILED In the office of the Secretary of the State of California MAY 27 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable) 1307383	Report No. 120		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (If COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/19/2008	A Coalition of the Howard Jarvis Taxpayers Association, funded by Thomas Coates, the California Association of Realtors Issues PAC, and the California Farm Bureau Federation, Yes Prop 98 (#1296103)	California Property Owners & Parkland Protection Act (AG # 07-0015); Proposition 98	10,000.00	06/03/2008

Reason for Amendment: _____

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER MICHAEL HAYDE		Date of This Filing 5/27/08	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 27 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-862-6417	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/24/08	FRIENDS OF JEFF DENHAM AGAINST THE RECALL	MEASURE TO RECALL JEFF DENHAM SENATE DIST. 12	10000	6/3/08

Reason for Amendment: _____

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497 Contribution Report

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NAME OF FILER DIANE RITCHIE FOR JUDGE		Date of This Filing 5/27/08	RECEIVED AND FILED in the office of the Secretary of the State of California MAY 27 2008 DEBRA BOWEN Secretary of State <i>fly</i>	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER 408-297-9909	I.D. NUMBER (if applicable) 1304458	Report No. 1			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY	STATE	ZIP CODE			
No. of Pages 1					

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/22/08	DIANE RITCHIE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIANE RITCHIE & ASSOCIATES	7000 <input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

*Contributor Codes
IND - Individual
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OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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MAY 27 2008 09:44 4083714043